

## PEER-REVIEW REPORT

**Name of journal:** *Artificial Intelligence in Medical Imaging*

**Manuscript NO:** 74804

**Title:** Chest Ultrasound in Neonates: What Neonatologists Should Know

**Provenance and peer review:** Invited manuscript; externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03023823

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Egypt

**Manuscript submission date:** 2022-01-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-20 08:06

**Reviewer performed review:** 2022-01-20 08:21

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

The review is well-written and well comprehensive. Actually, it is clear that the Authors do not suggest relying on b-lines for any diagnostic purpose: "Evidence of compact coalesced B-lines in the lung denotes a severe form of the alveolar-interstitial syndrome, known as "white lung". It is normal to visualize B-lines in healthy neonatal lungs. Their number will decrease with the baby's growth until being non visualized at the age of 6 months in a healthy infant" It should be clearly stated that the use of this approach, even sparsely suggested, is potentially harmful, because does not provide definite diagnostic information and allow bad-reposed trust in the procedure. Legal implications are many, and, above all, the risk that true expertise in lung ultrasound imaging is not appropriately addressed and asked. In other words: lung ultrasound imaging is very useful, when definite imaging is possible also in newborns. The misuse of artifacts as a diagnostic tool is to be abandoned.

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**Reviewer's code:** 05446606

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Chairman

**Reviewer's Country/Territory:** Belarus

**Author's Country/Territory:** Egypt

**Manuscript submission date:** 2022-01-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-23 13:13

**Reviewer performed review:** 2022-02-01 06:35

**Review time:** 8 Days and 17 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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